

STILLWATER COUNTY, MONTANA

RAFFLE ACCOUNTING FORM

THIS INFORMATION MUST BE SUBMITTED TO THE STILLWATER COUNTY BOARD OF COMMISSIONERS WITHIN 30 DAYS FOLLOWING THE COMPLETION OF THE RAFFLE. FAILURE TO DO SO MAY RESULT IN THE DENIAL OF FUTURE RAFFLE REQUESTS FROM YOUR ORGANIZATION.

NAME OF ORGANIZATION: _____

TYPE OF ORGANIZATION (CHECK ONE)

_____ RELIGIOUS CORPORATION SOLE _____ COMMERCIAL ENTERPRISE
_____ NONPROFIT ORGANIZATION _____ OTHER _____

COST OF RAFFLE TICKET: _____

NUMBER OF TICKETS SOLD: _____

TOTAL GROSS RECEIPTS: _____

LESS TOTAL RAFFLE EXPENSES: (_____) _____

NET PROCEEDS _____

PURPOSE OF PROCEEDS: _____

PRIZES, VALUES AND WINNERS (Attach additional sheets if necessary):

| PRIZE | VALUE | WINNER/ADDRESS |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

THE UNDERSIGNED HEREBY CERTIFIES THAT THE RAFFLE ACCOUNTED FOR ON THIS FORM WAS CONDUCTED IN THE MANNER DESCRIBED ABOVE. ANY PERSON OR ORGANIZATION WHO PURPOSELY AND KNOWINGLY FALSIFIES THIS ACCOUNTING IS GUILTY OF A CRIMINAL OFFENSE AND IS SUBJECT TO A FINE AND/OR IMPRISONMENT. 23-5-162, M.C.A.

Signature

Date

Please return this form to: Stillwater County Commissioners, P.O. Box 970, Columbus, MT 59019